## **NOTIFICATION OF MULTICANDIDATE STATUS**

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(See reverse side for instructions)

| This form should be | filed after the Committee of | gualifies as a multicand | idate committee. |
|---------------------|------------------------------|--------------------------|------------------|
|                     |                              |                          |                  |

| . (a) N  | AME OF C        | OMMITTEE IN FULL   |                      |                      | 7                            |   |            |  |
|--|-----------------|--|----------------------|----------------------|------------------------------|---|------------|--|
| ١  | New So          | outh Leadership PAC  |                      |                      |                              |   |            |  |
| (b) Number and Street Address 434 Fayetteville Street - Ste 2020 |                 |  |                      |                      | 2. FEC IDENTIFICATION NUMBER |   |            |  |
| (c) City, State and ZIP Code                                     |                 |  |                      |                      |                              | C00452763  3. TYPE OF COMMITTEE (check one) |            |  |
| Raleigh  |                 |  | NC                   | NC 27601             |                              | STATE PARTY  OTHER                          |            |  |
| certif   | y that <b>c</b> | one of the following situat  | ions is correct (co  | mplete line 4 or 5): |                              |   |            |  |
| 0  |                 | S BY AFFILIATION: The and sir with:  |                      |                      |                              |   |            |  |
| C  | Commit          | tee Name:  |                      |                      |                              |   |            |  |
| F  | EC Ide          | entification Number:   |                      |                      |                              |   |            |  |
|  |                 | S BY QUALIFICATION:  |                      |                      |                              |   |            |  |
|  |                 | ow (ONLY State party co  | Office Sought        | State/District Date  |                              |   |            |  |
|  | (i)             | Yarmuth, John, , ,   |                      | House                | KY                           | 03  | 09/15/2008 |  |
|  | (ii)            | Markey, Betsy, , ,   |                      | House                | со                           | 04  | 09/30/2008 |  |
| (  | (iii)           | Kissell, Larry, , ,  |                      | House                | NC                           | 08  | 09/30/2008 |  |
|  | (iv)            | Seals, Dan, , ,  |                      | House                | IL                           | 10  | 09/30/2008 |  |
|  | (v)             | Cazayoux, Donald, , ,  |                      | House                | LA                           | 06  | 09/30/2008 |  |
|  | on:             | ntributors: The committee 12/06/2013  gistration: The committee omitted on: 05/09/2008 |                      |                      |                              |   | 1 was      |  |
| (  |                 | alification: The committe  | ee met the above     | requirements on:     | 12/06/2013                   |   |            |  |
|  | 1111            | re examined this Statement and to  |                      |                      | •                            |   |            |  |
|  |                 | Γ NAME OF TREASURER  | SIGNATURE OF T       | REASURER IF          | lectronically Fi             | <i>teat</i>   D∩   ⊢                        |            |  |
| TYPE (   |                 | Γ NAME OF TREASURER<br>R, ,  | Falmlen, Scott, R, , | reasurer [E          | lectronically Fi             | ,   | //2017     |  |

For further information contact:
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Toll-free 800-424-9530
Local 202-694-1100

FEC FORM 1M